

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3	1					
4	2					
5	2					
6						
7						
8	2					
9	2					
10	1					
11	1					
12	1					
13	1					
14	2					
15	2					
16	1					
17	1					
18	2					
19	2					
20	1					
21	1					
22	1					
23	1					
24	1					
25	1					
26	1					
27	1					
28	1					
29	1					
30						
31						
32						
33						
34						
35						
36						
37	1					
38	1					
39	1					
40	1					
41	1					
42	1					
43	1					
44	1					
45	1					
46	1					
47	1					
48	1					
49	1					
50	1					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51	5							
52	5							
53	1							
54	1							
55	1							
56	1							
57	1							
58	1							
59	1							
60	1							
61	1							
62	1							
63	1							
64	1							
65	1							
66	1							
67	1							
68	1							
69	2							
70	1							
71	1							
72	1							
73	1							
74	1							
75	1							
76	1							
77								
78								
79								
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86								
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88								
89								
90								
91								
92								
93								
94								
95								
96								
97								
98								
99								
100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								